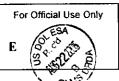
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.0 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - / 7/3 /	2. Fiscal Year Covered From:
,	01/01/2004Through 12/31/2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Mike Bergen	Name Teamster Un on Local No. 166
P.O. Box, Bldg., Room No., if any PO Box 899	Labor Organization F le Number 03606 P.O. Box, Bldg., Room No., if any PO Box 899
Street 18597 Valley Blvd	Street 18597 Valley Blvd
City Bloomington	City Bloomington
State CA ZIP Code + 4 92316-0899	State CA ZIP Code + 4 92316-0899
5. Position in labor organization. Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following Interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7. a. Nature of Interest, Transaction, or Income.	
Name	N/A	
Trade name, if any	N/A	
P.O. Box, Bldg., Room No., if any N/A		
Street	7. b. Amount	
City	N/A	
State ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under p submitted in this report (including the information contained in arrows of the undersigned's knowledge and belief, true, correct, and contained in the context of the undersigned of the undersign	ny accompanying documents;	, has been examined by the signatory and is, to the
Signed Wille Deugn	On 8/10/65	909-877-8326 Telephone Number

Name of Person Filing Mike Bergen	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value selling or leasing to, or otherwise dealing with the business of an employer whose represent, or(2) any part of which consists of buying from or selling or leasing dia trust in which your labor organization is interested.	se employees your labor organization represents or is actively seeking to	
8. Name and address of Business (including trade name, if any).	9. Business deals with.	
Name	a. Labor Organization	
Trade name, if any	G. 2000 - G. 200	
P.O. Box, Bldg., Room No., if any	b. Trust ++++++++	
Street	c. Employer	
City	, ,	
State ZIP Code + 4		
10. If 9 b. or 9 c. is checked give trust or employer's name	11. a. Nature of such dealing Joint Council 42 Christmas	
Name Byron Davis Trade name, if any Palm Springs Riviera Hotel	Seminar 12/10/2004 / 12/11/2004 / Fruit Basket in room \$30.00	
P.O. Box, Bldg., Room No., if any	11. b. Approximate dollar value of such dealing. \$30.00	
Street 1600 N. Indian Canyon	12. a. Nature of interest held or income received.	
·		
City Palm Springs State Ca. ZIP Code + 4 92262	N/A	
	12. b. Amount \$30.00	
C .Received from any employer (other than an employer covered under parts payment of money or other thing of value.	A and B above) or from any labor relations consultant to an employer any	
13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14. a. Nature of payment.	
Name		
Trade name, if any		
P.O. Box, Bldg., Room No., if any N/A	N/A	
Street		
City		
State ZIP Code + 4		
13. b. Is the Business an Employer or Consultant ?	14. b. Amount of payment.	

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N/A

N/A